1300 Kansas Avenue, Suite B Great Bend, Kansas 67530



(620) 793-1902

Pregnancy Maintenance Initiative Client Satisfaction Survey

ency Name	e:																
•	learn about these	e services:	_														
Friend/Relative Pregnancy Care Provider Media (TV, radio, newspaper) Social Media (Facebook, Twitter, etc) Adoption Agency Hospital				Brochure from agency listed above													
			Church														
			Health Department														
			Another agency: School: Other, specify:														
								Check the services that you received as a result of your participation with the Teen Pregnancy TCM.									
								Prenatal Medical Care			Adoption Guidance						
Medic	ical Care (non-pre	gnancy related)	Drug	Drug/Alcohol Assessment/Treatment													
	Client	Infant	Dom	estic Abu	se Protection												
Housing/Utilities Alternative Education			Child Care Parenting Education/Support														
								Paternal Involvement Support			Tran	Transportation					
How long did you wait for your first visit with the Teen Pregnancy TCM case manager?																	
Less than 1 week			3 weeks														
1 week			4 weeks or more														
2 wee	eks																
d you have	e problems getting	g to the service:	s (e.g., transpo	rtations,	appointments conflicted with work												
	1:																
					ř.												
ere the day	ays and times for s	services good fo	or you? No	Yes	Describe the problem:												
ere the day	age, how long did	services good fo I you have to wa in 46mir	or you? No	Yes	F												

9.	During your Visits:						
	Did the case r	manager carefully	Yes	No			
	Did service pr	oviders carefully	Yes	No No			
	Do you feel yo	ou participated ir	Yes				
	Were things e	explained in a wa	? Yes	No			
	If you checked						
10	Did for large	- 6	-£.				
10.	Did you feel you were	Bl.o.					
	Available serv	No					
	Location of se		Yes	No			
	Requirements				Yes	No	
	Length of sen	vices during preg	Yes	No			
11.	If these services had needs?						nancy & other
	. Would you recomme . How old are you?		s to a friend	or relative?	Yes No		
14.	What is your race?	White/Caucas	American Ir	ndian/Alaskan Native			
		Other					
15.	. Do you consider your	self to be of Hisp	panic origin?	Yes	No		

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